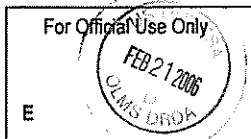


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



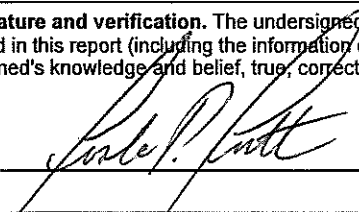
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 9221	2. Fiscal Year Covered From:  1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.  Name Leslie P Lutter  P.O. Box, Bldg., Room No., if any  Street 2000 Walker, Suite M  City Des Moines  State Iowa ZIP Code + 4 50317	4. Name, file number, and address of labor organization.  Name Inter. Union of Elev. Constructors Local 33  Labor Organization File Number 037-747  P.O. Box, Building and Room Number, if any  Street 2000 Walker, Suite M  City Des Moines  State Iowa ZIP Code + 4 50317
5. Position in labor organization. Executive Board	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 10 Feb 06	(515) 262-0120
	Date	Telephone Number



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**W-2 Wage and Tax Statement 2005**

OMB No. 1545-0047

a Control number 033011 48/AFG	b Dept. 033300	c Corp. A	d Employer use only 324
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e Employer's name, address, and ZIP code  
**NATIONAL ELEVATOR  
 INDUSTRY  
 11 LARSEN WAY  
 ATTLEBORO FALLS MA 02763**  
 Batch #00812

f If Employee's name, address, and ZIP code  
**LESLIE P. LUTTER  
 515 FRONT ST  
 BRONSON, IA 51007**

g Employer's FED ID number 23-6421955	h Employee's SSA number 480-84-6323
--	--

1 Wages, tips, other comp. 6300.00	2 Federal income tax withheld 206.73
3 Social security wages 6300.00	4 Social security tax withheld 380.60
5 Medicare wages and tips 6300.00	6 Medicare tax withheld 91.35
7 Social security tax	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Rerun/qualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan and party elect pay

15 State Employer's state ID no. IA 23-6421955001	16 State wages, tips, etc. 6300.00
17 State income tax 59.67	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

## 2005 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

The following information reflects your final 2005 pay stub plus any adjustments submitted by your employer.

Gross Pay	6300.00	Social Security Tax Withheld Box 4 of W-2	380.60	IA State Income Tax Box 17 of W-2 SUI/SBI Box 14 of W-2	59.67
Fed. Income Tax Withheld Box 2 of W-2	206.73	Medicare Tax Withheld Box 6 of W-2	91.35		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	IA State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	6,300.00	6,300.00	6,300.00	6,300.00
Reported W-2 Wages	6,300.00	6,300.00	6,300.00	6,300.00

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll.

**LESLIE P. LUTTER  
 515 FRONT ST  
 BRONSON, IA 51007**

Social Security Number: 480-84-6323  
 Taxable Marital Status: MARRIED  
 Exemptions/Allowances:  
 FEDERAL: 5 \$10 Additional Tax  
 STATE: 5